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FOR: Examiner Robert Muromoto - Art Unit 3765

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FROM: Monte L. Falcoff

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COMMENTS:

U.S. Serial No. 10/668,614 -- Filed: September 23, 2003

For: METHOD FOR WEAVING AN AIRBAG

Our Reference: 8358-000010

Please find attached a Transmittal Form, an Information Disclosure Statement, Form HDP-1449 (1 sheet) and 1 Other Document for the above-identified application.

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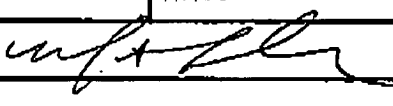
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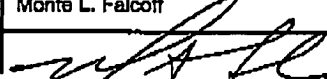
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/668,614
	Filing Date	September 23, 2003
	First Named Inventor	T. Eschbach
	Art Unit	3765
	Examiner Name	R. Muromoto
Total Number of Pages in This Submission	Attorney Docket Number	8358-000010

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form HDP-1449 (1 Sheet); 1 Other Document
Remarks The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0760. A duplicate copy of this sheet is enclosed.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harnes, Dickey & Pierce, P.L.C.	Attorney Name	Reg. No.
		Monte L. Falcoff	37,617
Signature			
Date	May 4, 2004		

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Typed or printed name	Monte L. Falcoff	Express Mail Label No.	
Signature		Date	May 4, 2004

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